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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833825

(3)

SEAWAY HOTELS CORPORATION

FILED Mar 31 1997 8:00am Secretary of State



2. Principal Place of Business 1200 ANASTASIC AVE. CORAL GABLES FL 33134 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28	1200 ANASTASIC AVE. CORAL GABLES FL 33134-8340 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28		3. Date Incorporated or Qualified 02/13/1975 04/09/1996 4. FEI Number Applied For Not Applicable 59-1581122 \$8.75 Additional Fee Required 5. Certificate of Status Desired \$5.00 May Be Added to Fees		
Zip 24	Country	Zφ	Count	ry	8. This corporation has liability for Florida Statutes	intangible tax und Yes 40	ier s. 199.032,
24]	g. Name and Address of Cui	rent Registered Agent	[30]	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re		
120 CO	LETIER, JIM O ANASTASIC AVE. RAL GABLES FL 33134 to the provisions of Sections 607. registered agent, or both, in the Si	0502 and 607.1508, Florida Statalet of Florida. Such change w	8 8 8 atutes, the abo	3 4 City	dress (P.O. Box Number is Not Acceptal reporation submits this statement for the ation's board of directors. I hereby acce	FL 85	Zip Code ing its registered
agent Fa	arri familiar with, and accept the of				ulred when reinstating)	DATE	
12.	OFFICERS TOC	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	
TITLE NAME STREET ADDRESS ETTY - ST - ZIP TITLE NAME	PRESCOTT, T. GENE BLDG #125 TYLER STREET PORT NEWARK NJ ST PELLETIER, JIM	_		E ET ADDRESS -ST-ZIP		☐ Cha	
STREET ADDRESS City - St - Zip	1200 ANASTASIC AVE. CORAL GABLES FL			ET ADDRESS			
TITUE NAME STREET ADDRESS CITY-ST-ZIP	V KIMBALL, RUSSELL A. 1160 GULF BLVD CLEARWATER FL	DELETE.	3.1 TITLI 3.2 NAM 3.3 STR			☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D KAY, ROBERT B. 1 DAG HAMMARSKJOLD P NEW YORK NY	LAZA	4 1 TITU 4 2 NAM 4 3 STRE			☐ Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST_ZIP		☐ DELETE	5.1 TITLE 5.2 NAM 5.3 STRE			☐ Cha	nge L Addition
THE NAME STREET ADDRESS C-TY-ST-ZIF		☐ DELETE	6.1 TITU 6.2 NAM 6.3 STRE 6.4 CITY	E Et adoress -st-zip	110 G7(0)() Facility State	☐ Cha	

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is jue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employees to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an application.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Jim Pellation 3/24/97 305 445 1926